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22387 7990 08/21/2006

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<i>Anthony Jones</i>	(Depositor's name)
<i>Anthony Jones</i>	(Signature)
<i>Anthony Jones</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/834,503	10/16/2001	Anthony Patrick Jones	PQ3571USW	4406

TITLE OF INVENTION: AEROSOL METERING VALVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/>	\$1400	\$0	\$0	\$1400	12/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAYER, KEVIN P	5734	272-A34000

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SW/122) attached.</p> <p><input checked="" type="checkbox"/> "Fee Address" indication for "Fee Address" indication form PTO/SB/47, Rev 03-03 (or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents (OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>
<i>J. Michael Strickland</i>	
2.....	
3.....	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Smithkline Beecham Corporation

Philadelphia, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies *1*

4b. Payment of Fee(s): (Please list exactly any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2938 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *07-1192* (enclose an extra copy of this form).

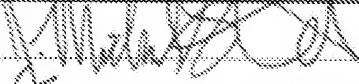
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.37.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.37(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will only be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the general list of the United States Patent and Trademark Office.

Authorized Signature



Date *12/15/2006*

Typed or printed name

J. Michael Strickland

Registration No. *87,115*

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